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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Governments of Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan
Support for a population programme

Proposed UNFPA assistance:	$23 million, of which $18 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Three years
Estimated starting date:	January 1995
Executing agencies:	Respective Governments of the six countries United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agencies:	Selected ministries of each respective country

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Selected demographic and health indicators

	KAZAKHSTAN	KYRGYZSTAN	TURKMENISTAN	UZBEKISTAN	TAJIKISTAN	AZERBAIJAN
Population (000)	(1992) 17,048	(1993) 4,518	(1993) 3,900	21,453	(1993) 5,600	(1994) 7,400
Growth rate (%) 1990-1992	0.8	1.3	2.5	2.1	3.3	2.0
Crude birth rate (per 000) 1985-1990	24	31	36	36	38.7	26.4
Crude death rate (per 000) 1985-1990	8	7	8	7	6.5	6.4
Total fertility rate (per woman) 1985-1990	3.0	4.0	4.6	4.4	5.3	2.7
Life expectancy at birth 1985-1990	69	68	65	69	66.8	66.6
Infant mortality rate (per 000 live births)* 1985-1990	28	40	54	43	40	43.2
Maternal Mortality rate (per 100,000 live births)	67.2	120	134	42.8	120	35
Percentage urban	58	38	25	40	30.0	53.0
Persons per square kilometre	6	23	8	48	36	81.6
CPR (%)** (1993-1994)	25	22	17	41.3	13	1.5
Abortions per 1,000 women 15-49 years	86	86	48	46	46.5	23.3
Dependency ratio per 1,000 persons of working age	812	986	1011	1038	940	610
Persons per medical doctor	302	262	278	297	421	286

*The data on infant mortality are based on the definition used by the former Soviet Union, which differs from the standard definition used by WHO. As a result, the levels reflected in this table are lower than if they had been calculated using the WHO definition.

**CPR refers to contraceptive prevalence rate. Contraceptive practice is based almost entirely on the use of intra-uterine devices. Only 1 to 2 per cent of women of reproductive age (and even less in the case of Azerbaijan) are using oral contraceptives.

Sources: Population totals and growth rates are based on United Nations estimates; crude birth and death rates, fertility rates, life expectancy and infant mortality rates are based on the 1989 census of the former Soviet Union; maternal mortality rates, contraceptive prevalence rates and dependency ratios are based on government sources.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a population programme in the amount of $23 million, of which $18 million would be programmed from UNFPA's regular resources, over a three-year period, starting January 1995, to assist the Governments of Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan in achieving their population and development objectives. UNFPA would seek to provide the balance of $5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be UNFPA's first programme of assistance to these countries.

2. The proposed programme of assistance to the six countries is based on: (a) the findings and recommendations of a sectoral review mission that consulted with government officials as well as with the representatives of agencies of the United Nations system, international non-governmental organizations (NGOs) and bilateral donors in four countries in October-November 1992; and (b) the findings and recommendations of the project formulation missions fielded in April-May 1994 to Central Asia and Kazakhstan and in September 1994 to Azerbaijan. The programme seeks to address the following four key issues: (a) the high rate of induced abortion; (b) the frequency of births; (c) the lack of choice of fertility-regulation methods; and (d) inadequate information about reproductive health and modern methods of family planning.

3. The programme is designed to assist the Governments of the six countries in improving women's reproductive health mainly through interventions in the areas of reproductive health and family planning (RH/FP) and information, education, and communication (IEC). Support to other sectors will be limited to activities closely linked to these core sectors and necessary to backstop them. The objectives of the programme are: (a) to increase choice and access to contraceptive services and thereby decrease reliance on abortion as the primary means of fertility regulation; (b) to improve the quality of family planning services and assist in expanding the child-spacing programmes that the Governments have already launched; (c) to enhance the ability of individuals and couples to make informed decisions on child spacing; and (d) to increase the contraceptive prevalence rate by at least 20 percentage points by the end of the programme.

4. The programme strategy is based on the premise that international assistance is to be provided as a collaborative effort during the period of political and socio-economic transition that these countries are currently undergoing. There is an urgent need to start providing this assistance immediately due to the scope and magnitude of people's needs in the area of reproductive health and the current inability of the countries to deal with these needs because of their current economic situations and the lack of resources and knowledge. If timely support is not provided, these needs will certainly grow. There is the risk that as these countries go through a difficult transitional period attention may be diverted away from population issues. This would mean that future population activities would be more costly and time consuming. Thus, it is important to support these countries at this crucial juncture.

5. The proposed programme would address these problems by: (a) improving access to quality reproductive health services (including counselling for service providers on how to use a client-centred

approach that allows for client autonomy and choice) and to a reliable and continuous supply of a wide range of contraceptives; (b) increasing access of the six countries to updated information and international experience in all aspects of reproductive health, family planning and population issues in general; (c) strengthening the technical capacity of selected population-oriented institutions to enable them to implement, monitor and manage population-related undertakings; and (d) identifying priority audiences and regional variations for IEC interventions.

6. A single programme framework with similar objectives and strategic orientations is being proposed for all six countries in light of the similarities of their socio-economic and political situations and the fact that they share common concerns and interests. However, for selected interventions, a subregional approach will be adopted to complement the country-specific activities. The proposed funding would be apportioned among the six countries on the basis of population size, absorptive capacity and relevant reproductive health indicators.

7. The subregional activities would be designed to promote the exchange of experiences with other countries in Asia as well as to provide opportunities for professionals in the six countries to benefit from the experience of other parts of the world. A subregional approach has advantages in terms of cost-effectiveness, optimum utilization of available human and institutional resources and as a way of promoting greater cooperation among the countries and institutions of the subregion.

II. BACKGROUND

8. Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan together contain about 60 million people living in approximately 4 million square kilometres of territory. Central Asians are overwhelmingly Sunni Muslims and Turkic speaking, with the exception of the Persian-speaking Tajiks. Azerbaijanis are primarily Shi'ite Muslims. These six countries, though different in many respects, share many common social, economic, demographic and cultural features. Economically they were among the poorest parts of the former Soviet Union. Today, each of these countries is facing severe economic challenges as the markets for their products and the sources of many of their imports are being restructured. Inflation and financial disequilibrium are assuming dramatic proportions. All six countries are severely limited in their ability to make purchases in the world's hard-currency markets. The money available for the purchase of essential drugs and equipment has been curtailed, and the purchase of contraceptives has been given a lower priority than the purchase of drugs needed to deal with life-threatening diseases.

Demographic trends

9. Among other countries that had been part of the former Soviet Union, these countries stand out demographically for their significantly higher fertility. Total fertility rates range from 3 to 4.6 children per woman. Rates of population increase range from moderate to high: from 0.8 per cent a year in Kazakhstan to 3.3 per cent in Tajikistan. In all six countries there are substantial differences in demographic behaviour between rural and urban dwellers and between ethnic groups of Asian and European origin: the fertility of rural populations and groups of Asian origin is typically twice that of urban populations and of groups of European origin.

10. Mortality levels are generally moderate in the six countries. Life expectancy at birth is between 65 and 70 years. Infant mortality rates range from 28 per 1,000 live births in Kazakhstan to 54 per 1,000 in Turkmenistan, with considerable regional variation within countries. From the perspective of developed countries, the maternal morbidity ratios are high; from a developing country perspective, they would be considered low. They range from 35 per 100,000 live births in Azerbaijan to 134 per 100,000 in Turkmenistan. In all countries the ratios have risen since 1987. Ministry of Health officials see these maternal mortality rates as being too high and, alarmed by the increase, they are concerned about taking measures to improve maternal survival.

11. Short intervals between births are an important factor in both high fertility and the moderately high rate of infant mortality and are a matter of great concern to medical authorities in each of the countries. It is reported that some 20 per cent of all births occur with intervals of one year or less.

Population policy

12. None of the six countries has a stated population policy aiming at decreasing population growth. The Governments have delineated the framework in which they consider it appropriate to work on any population issues at this time. At present, the population growth rate is not an official concern of any of the six countries, and child-spacing is viewed as an element in a reproductive health programme rather than as a means to achieve demographic, social or economic goals.

Family planning

13. All six countries have initiated family planning programmes for birth-spacing as a way of preventing high maternal and infant mortality and morbidity and of reducing the number of abortions. These programmes mainly promote the use of intra-uterine devices (IUDs) and are targeted mainly towards couples. Abortion remains the main method of fertility regulation and prevails over the use of contraceptives for family planning purposes. Especially in rural areas, choices for women are limited to abortions, traditional methods of contraception and, occasionally, IUDs. Oral contraceptives have been little used due to the strong negative perception of the medical community, based on earlier experiences with high-dose pills, that oral contraceptives have significant adverse side-effects. Condoms also have had limited use due to the virtual absence of male participation in family planning activities. A handful of cases of AIDS have been reported; however, the use of condoms as protection against the disease is little discussed.

14. Other contraceptive methods, including injectables, are almost unknown. Surgical contraception is also rare. The contraceptive prevalence rate varies from 1.5 per cent in Azerbaijan to 41.3 per cent in Uzbekistan. All countries have used only medical doctors, e.g., obstetricians and gynecologists, for the delivery of family planning services. There is no involvement of other medical personnel in family planning activities, not even for IEC activities and counselling. All six countries lack up-to-date knowledge, skills and supplies related to contraceptive technology, having been relatively isolated from developments in these areas for decades.

Abortion

15. An extremely high level of induced abortion is the most characteristic feature of the reproductive health situation in the six countries. According to the most recent official statistics, the levels of induced abortion range between 23.3 and 86 per 1,000 women of child-bearing age. However, substantial numbers of abortions are unregistered. In some cases, these unregistered abortions may account for up to 70 per cent of all induced abortions. Abortion is used not only for limiting the number of births but for birth-spacing as well. The quality of abortion and of related anaesthetic services is very low. As a result, there are extensive health consequences associated with the large numbers of induced abortions. These include immediate post-abortion infections, secondary infertility and even death. Infertility, which by conservative estimates exceeds 10 per cent of all women, is a major concern.

Structure of the health-care system

16. All six countries have identical systems and structures of health services and are facing similar problems of acute shortages of supplies, including drugs, vaccines and contraceptives. Each country has an extensive health-care system with a functioning decentralized primary health-care system consisting of numerous village health feldscher (paramedical) posts, village doctor posts, and district, region and oblast (provincial) hospitals. At the national level, there is a central hospital and a national gynaecological and obstetric centre in each country. Parallel to this referral structure, there are dispensaries throughout each country that are staffed by various specialists depending on the profile of the dispensary; these dispensaries function mainly on an out-patient basis. At present, almost all medical services, including child-spacing services, are available only through government institutions. However, NGOs may come to play a useful supporting role in the provision of child-spacing services.

Information, education and communication

17. The need for support IEC activities is critical, both for creating demand as well as for meeting it through providing information on choices of methods. None of the six countries has a clear health education policy or health education directives. The central body responsible for health education is the National Centre for Health Education in each Ministry of Health. The goal of this National Centre is to promote healthy lifestyles through health education. The National Centre operates through the centres of health education at the regional and district levels. Usually, radio is used by these regional and district centres to broadcast information on health programmes. There are some journalists interested in family planning and reproductive health, but most do not have specific training in the field.

18. There is no specific subject called "sex education" in schools, but all students are taught "Ethics and Psychology of Family Life" as a mandatory subject between grades 8-10. Usually, young people who want to marry have to attend premarital educational sessions. At these sessions, family planning is dealt with peripherally, and birth-spacing is mentioned in general terms.

19. In all six countries, men, especially husbands, are the key decision makers in all important family matters, including the number of children a couple should have. Women as mothers-in-law also have a strong voice in such matters. Therefore, these two groups must be important focuses of any IEC strategy.

Adolescent girls and future mothers also need to receive appropriate information. IEC activities in general should take into account religious factors that may inhibit acceptance and use of family planning services. The Governments of these countries have placed an emphasis on learning from the experiences of other countries, especially those with similar sociocultural values, in developing their own IEC activities.

Population and environment

20. Economic development in the six countries is complicated by a disastrous environmental legacy. There is a sharp and widely felt concern for the environmental deterioration being experienced in the region. The four most frequently cited sources of environmental contaminants in the Central Asian Republics, Kazakhstan and Azerbaijan are agricultural pesticides, industrial chemicals, radioactive materials and human waste. For female agricultural labourers, agricultural production may be a significant source of exposure to contaminants, as pesticides, herbicides and fertilizers are widely used in cotton production, the primary agricultural activity in the Central Asian Republics.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

21. In response to General Assembly resolution 47/187 requesting the Secretary-General to report on the role of the United Nations system in addressing problems confronting "economies in transition", UNFPA initiated a number of activities both to provide emergency assistance and to pave the way for future development cooperation. UNFPA participated in the United Nations Joint Collaborative Mission to the Newly Independent States, which took place in February 1992. The mission found the need for assistance in the family planning sector to be great among the countries in Central Asia and therefore called for immediate emergency assistance in this area.

22. As a follow-up, the Fund organized two missions to assess specific needs in family planning. These missions were funded by the Government of Germany under a trust-fund arrangement. Under the same trust-fund arrangement, emergency supplies of contraceptives were provided to Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan. The missions identified strategies and priority needs in the areas of family planning. With funding from UNFPA, in 1993 Family Health International provided training in family planning in Bishkek and Tashkent for 52 participants from all Central Asian Republics and Azerbaijan.

23. In 1994, UNFPA fielded three programming missions to the Central Asian Republics, Kazakhstan and Azerbaijan. The joint UNFPA/United Nations Statistical Division mission reviewed the capabilities of the countries' statistical agencies for demographic data collection and analysis and subsequently assessed training needs in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. Through the UNFPA Country Support Team located in Kathmandu, Nepal, UNFPA reviewed current contraceptive needs and the countries' logistics and management information systems. The total cost of contraceptive supplies for five countries (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) for the period 1994-1996 was estimated at $9.5 million. As a follow-up to these missions, and pending the approval by the Executive Board of a proposal for a formal programme of assistance to the countries concerned, approximately $1 million for each of these five countries was allocated for the period 1994-1997, primarily for the provision of contraceptives and for training in their use and distribution. Expenditures to date amount to approximately $4 million, or some 80 per cent of these allocations.

24. The United Nations presence in these countries is in different stages. It is, however, likely to play a dominant role in human resource development. The World Bank is largely involved in the macro-economic processes of assisting the transition from centrally planned to market economies.

25. The only other large-scale assistance being provided to the countries of Central Asia and Kazakhstan in the area of birth-spacing is from the United States Agency for International Development (USAID). Under a consortium of cooperating agencies, USAID is planning to spend $6 million in 1995 to help address the countries' reproductive health needs. The main components of the USAID programme include limited provision of contraceptive supplies; clinical training in post-partum and post-abortion contraception, including sterilization; IEC support; and work with the private sector, particularly pharmacies.

26. Family Health International has been working in the republics of Central Asia since 1993, providing training and technical assistance that contributed to changes in the countries' maternal and child health and family planning (MCH/FP) programmes and helped to create, in cooperation with other agencies, a network of highly motivated government health personnel who are favourably disposed towards family planning. This situation constitutes a real opportunity to build on momentum, to guide change and to achieve the maximum impact from any MCH/FP interventions that UNFPA undertakes.

IV. PROPOSED PROGRAMME 1995-1997

27. A single programme framework with similar objectives and strategic orientations is being proposed for all six countries in light of the similarities of their socio-economic and political situations and the fact that they share common concerns and interests. However, for selected interventions, a subregional approach will be adopted to complement the country-specific activities. The proposed funding would be apportioned among the six countries on the basis of population size, absorptive capacity and relevant reproductive health indicators.

28. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128; that is, that human beings are at the centre of concerns for sustainable development (principle 2 of the Programme of Action); that population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of the life of all people (principle 5); that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes (principle 4); that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8); that reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8); and that the principle of informed free choice is essential to the long-term success of family-planning programmes; that any form of coercion has no part to play; that governmental goals for family planning should be defined in terms of unmet needs for information and services; and that demographic goals, while legitimately the subject of government

development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12 of the Programme of Action).

Reproductive health and family planning

29. The proposed programme has four goals in this area: (a) to promote women's reproductive health and to reduce the number of abortions; (b) to increase the contraceptive prevalence rate by approximately 20 percentage points by the end of the programme by making quality RH/FP services available, accessible and acceptable, with a special emphasis on fulfilling the unmet needs of adolescents; (c) to enhance the ability of individuals and couples to make informed child-spacing decisions; and (d) to improve the knowledge base by conducting research on reproductive health issues.

30. To achieve these goals, measures need to be taken in a variety of areas. An important priority is to assess the contraceptive prevalence rate and to estimate what future requirements will be needed. In order to change popular perceptions about the benefits of birth-spacing, it will be necessary to conduct, and analyse the findings, a knowledge, attitudes and practice (KAP) survey as well as other baseline surveys, both at the beginning and at the end of the programme as a way of ensuring that an adequate stock of the appropriate mix of quality contraceptives is available.

31. The clinical and counselling skills of primary health service providers need to be improved and updated, and other professionals need to be trained in the specific areas of the programme interventions. This would involve making available in the Russian language technical documents and literature concerning birth-spacing, modern contraception and reproductive health in general. Important subgroups such as adolescents need to be targeted to receive pilot reproductive health services. Key decision makers need to be provided with relevant information about RH/FP, including birth-spacing and reproductive health success stories. UNFPA would also support research and national capacity-building in all areas of reproductive health. An amount of $16 million is proposed to support activities related to RH/FP, of which $3 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

32. The IEC component of the programme is designed to fully support and contribute to the achievement of the objectives listed above in the area of RH/FP. The focus of interventions would be on: (a) increasing awareness, knowledge and understanding at all levels of society of RH/FP and related population issues; (b) encouraging the increasing and informed demand for child-spacing services and raising people's awareness of the risks and dangers associated with induced abortion; and (c) enhancing the ability of couples and individuals to exercise their basic right to decide freely and responsibly the number and spacing of their children and make available the information, education and means to do so.

33. The following activities are proposed for the IEC programme: (a) training of primary service providers and paramedical staff in the health rationale of birth-spacing and modern contraception and in interpersonal communication and counselling skills and providing them with relevant up-to-date information; (b) training and selected interventions to strengthen the mass media in providing current and accurate information on population issues; (c) awareness-raising seminars and workshops for national

policy makers and opinion leaders (i.e., parliamentarians, and political and religious leaders), service providers, women of reproductive age, adolescents and youth; and (d) technical advisory services for the formulation of national IEC strategies in support of national population objectives. A total of $5 million is proposed for population IEC activities, $2 million of which would be sought from other resources, including multi-bilateral sources.

Programme support

34. Only limited support is proposed for population policy formulation, data collection and analysis, and women, population and development activities.

35. Population policy formulation. Given that all six countries have already initiated procedures to formulate population policies, UNFPA proposes to provide mainly technical support that would help ensure that the policies formulated are comprehensive and that corresponding action plans are effective. Resources would be allocated for activities to which the Governments are already committed, or where an explicitly perceived need exists and where international cooperation would be appropriate and feasible. To this end a total amount of $400,000 is being proposed.

36. Women, population and development. In spite of the fact that social indicators for women, such as access to education, employment and health services, are very good in the countries of the region, women's concerns are at the core of the entire programme. Continued reliance upon abortion and the unavailability of safe modern contraception lead to serious health consequences, including anaemia, infertility, other diseases and even death. Frequent abortions deplete the strength of women and threaten their health and well-being, and reduce their productive role within the family and community. The programme is designed to ensure that family planning services are delivered with a view to meeting the concerns of women rather than those of service providers. As emphasized earlier, this programme is focused mainly on issues of reproductive health and related IEC activities. Given that substantial inputs will be provided within this context, only $200,000 is being specifically earmarked for the area of women, population and development, mainly for strengthening the capacity of national statistical services in gender-specific data collection, analysis, interpretation and dissemination.

37. Data collection and analysis. The countries themselves and the international community recognize that the statistical systems need to be extensively revised and reorganized. Demographic statistics should be overhauled as part of an integrated initiative along with other sectors, an undertaking that is already on the agenda of UNDP and the World Bank. Therefore, no specific support is being proposed for this major undertaking. However, $400,000 is proposed for training in demographic data collection and analysis and for technical advisory services, which would be provided mainly through the UNFPA Country Support Team and the United Nations.

Programme reserve

38. A reserve of $1 million would be set aside from UNFPA's regular resources to meet unforeseen needs that may arise during the period of the proposed programme.

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Programme management and coordination

39. The overall management and coordination of the programme rest with the UNDP Resident Representatives (who are also the UNFPA Representatives) in the respective countries. The coordination of the population programmes at the national level will be primarily the responsibility of the respective Governments. It is proposed that an internationally recruited Regional Technical Adviser be based in the region, who would divide his/her time among the countries. The Regional Technical Adviser would assist in examining priority areas for technical collaboration with each of the Governments and would ensure coordination with other United Nations entities, bilateral agencies and international NGOs in the field of population. The Regional Technical Adviser would also manage the administrative and financial operations required for the implementation of the UNFPA programme. National project officers would be recruited in each of the six countries in order to assist in implementing and administering the UNFPA-supported programme. The Regional Technical Adviser will be stationed in Tashkent, Uzbekistan, which would be considered a UNFPA subregional office.

40. UNFPA would promote close coordination through continued dialogue with other United Nations agencies and organizations, the World Bank, and major bilateral donors such as the United States of America and Germany, among others. Substantive collaboration would be sought with UNICEF on health-related issues and with UNDP on integrated development planning and policy formulation. Furthermore, UNFPA would assist bilateral donors in identifying and facilitating opportunities for population assistance. The programme components would be executed with the assistance of United Nations specialized agencies and international NGOs.

Programme monitoring and evaluation

41. The proposed programme would be monitored in compliance with current UNFPA procedures. A technical review of programme implementation would be undertaken at the end of 1995, and a programme evaluation would be conducted before the end of 1997. To the extent possible, this would coincide with reviews of related programmes of UNFPA's partners in the Joint Consultative Group on Policy (JCGP). UNFPA would make full use of available national and regional technical expertise. This would be complemented by the multi-disciplinary Country Support Team based in Kathmandu. This team would be the main source of technical services at all stages of programme implementation.

Financial summary

42. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $23 million over the three-year period 1995-1997, of which $18 million would be programmed from UNFPA's regular resources, and the remainder would be sought from other sources, including multi-bilateral sources. Approximately $4 million of this total amount has been expended on preparatory programme activities (see para. 23). The following table shows how the programme would accommodate these two levels of funding.

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	UNFPA regular resources $	Other resources $	Total $
Reproductive health and family planning	13,000,000	3,000,000	16,000,000
Information, education and communication	3,000,000	2,000,000	5,000,000
Data collection and analysis	400,000	--	400,000
Population policy formulation	400,000	--	400,000
Women, population and development	200,000	--	200,000
Programme reserve	1,000,000	--	1,000,000
TOTAL	18,000,000	5,000,000	23,000,000

V. RECOMMENDATION

43. The Executive Director recommends that the Executive Board approve the programme for Azerbaijan, Kazakhstan, Kyrgyzstan, Turkmenistan, Tajikistan and Uzbekistan as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.